

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____ (print full name), am seeking employment with the Livingston School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Livingston School District. I hereby expressly and voluntarily give the Livingston School District the authority to make a thorough investigation of my past employment and education. Further, I authorize the District to investigate my activities as they relate to my ability to perform the essential functions of the job for which I have applied, including confidential criminal justice information as defined in Section 44-5-103(3) M.C.A. I understand that the Livingston School District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

I hereby release the Livingston School District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized, above, from any liability for damage which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, M.C.A.

This document is effective until revoked in writing by me.

Signature		Date
Birth Date _____	Social Security Number _____	_____

STATE OF _____)

: cc:

County of _____)

On this _____ day of 20____, before me, a Notary Public for the State of _____, personally appeared _____,

known to me to be the person named in the foregoing Release, and acknowledged to me that he/she executed the same as his/her free act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal in this certificate, the day and year first above written.

(Seal)

Notary Public for the State of _____

Residing at _____

My commission expires _____